Village of Sleepy Hollow Department of Parks and Recreation 55 Elm ST, Sleepy Hollow, New York 10591 (914) 366-5109



Village of Sleepy Hollow 2021 SYKES PERMIT

	SYKES PERMIT	
Person Requesting Permit:		
Organization (if ap	plicable):	
Email address:		
Contact informat	ion for person requesting perr	nit:
Address:	1 01	
City/State/Zip:		
Phone number:		
Cell phone numb	er:	
Start and End Tin		
Deposit: \$500 – money Ferms and Conditions: The permit holds the event. The following re No amp No cursi No alcol Permit l condition Failure to abide l	gulations and ordinances must be observed lified music allowed in the park ang or foul language allowed not allowed on fields or smoking on fields not observed the proper received and the proper received and the proper received any of the above terms and conditions	ed: s a is left in a reasonable, debris free eptacles. will result in the deposit being
	the termination of the event by the Sleep	-
Ι	agree to terms and Condition	ns as indicated above.
Signature	 Dat	e
Date Received:		
Fee Received:		
Deposit Received: ID Received:		
Approval Signature:		

Copy of approved permit sent to applicant